



**DEPARTMENT
OF
HEALTH PROFESSIONS**
6606 W. BROAD ST.
RICHMOND, VA 23230

Rev. 12/97

ANIMAL FACILITY INSPECTION REPORT

Page 1 of 3

DATE	TIME
MILEAGE	
INSPECTION HOURS	WAITING TIME

FACILITY NAME		FACILITY PERMIT NO.	EXPIRATION DATE
STREET ADDRESS		CITY	ST ZIP

PHONE NO. ()	STAFF	NAME (FIRST, MI, LAST)	LICENSE NO.	EXPIRATION DATE
FAX NO. ()	VETERINARIAN IN CHARGE			
OPERATION	LICENSED VETERINARIAN			
FROM	LICENSED VETERINARIAN			
TO	VETERINARY TECHNICIAN			
HOURS	VETERINARY TECHNICIAN			
DAYS	VETERINARY TECHNICIAN			

TYPE OF PRACTICE:

AREA / QUESTION	YES	NO	AREA / QUESTION	YES	NO
ANIMAL FACILITY: (Req. 150-20-80)			11. Adequate size (measures _____)?		
1. Licenses available/displayed?			12. Surgical table with nonporous surface?		
2. Licenses current?			13. Storage limited to surgical items?		
STANDARDS FOR FACILITIES: (Req. 150-20-200)			14. Circle gas anesthesia machine?		
3. Facility clean and sanitary?			15. Automatic emergency lighting?		
4. Facility maintain required:			16. Surgical lighting (Candlepower _____)?		
a. Temperature between 59-86°F (temp. _____)?			17. Instrument table, stand or tray?		
b. Ventilation: System Type _____			18. Waste receptacle?		
c. Lighting:			GENERAL EQUIPMENT: (Req. 150-20-200, A (4) (e))		
d. Hot and cold running water?			19. Following equipment maintained:		
e. Toilet and lavatory facilities?			a. Steam pressure sterilizer?		
f. Method for disposal of deceased animals?			b. Internal and external sterilization monitors?		
g. Refrigeration exclusively for carcasses that require storage for more than 24 hours?			c. Stethoscope?		
5. Facility have separate reception area?			d. Ophthalmoscope?		
EXAMINATION ROOM: (Req. 150-20-200, A (4) (a))			e. Thermometer?		
6. Separate examination room?			f. Resuscitation bag?		
7. Table with nonporous surface?			g. Endotracheal tubes?		
8. Waste receptacle?			h. Scales?		
9. Sanitizing solution? (Type: _____)			i. Otoscope?		
SURGERY SUITE: (Req. 150-20-200, A (4) (b))			j. Oxygen and delivery system?		
10. Reserved for surgery only?					

11070 (12/97) 711337-2/1

TO INSPECTION UNIT

ANIMAL FACILITY INSPECTION REPORT – CONTINUATION – PAGE 2

Page 2 of 3

AREA / QUESTION	YES	NO	AREA / QUESTION	YES	NO
RADIOLOGY: (Req. 150-20-200, A (4) (c) and 150-20-200, A (3), (a) (b))			c. Animal identification?		
20. Proof of either in-house or consultant services for obtaining radiographs?			d. Date dispensed?		
21. Radiographs permanently imprinted with identity of patient, date of exposure, and orientation, where applicable?			e. Directions for use?		
22. Radiographic equipment comply with requirements of F.10, Veterinary Medicine Radiographic Installations?			f. Name and strength of drug?		
23. Maintain lead aprons, gloves, and exposure badges?			g. Quantity of drug dispensed?		
24. Maintain x-ray machine?			h. Name of prescribing veterinarian?		
LABORATORY: (Req. 150-20-200, A (2) (d))			37. Drugs in date?		
25. Proof of either in-house or consultant laboratory services for performing the following tasks:			RECORD KEEPING: (Req. 150-20-190 A, G, and H)		
a. urinalysis			38. Separate distribution record maintained in chronological order for administering and dispensing Schedule II through V drugs?		
b. complete blood count			39. Distribution record contain the following:		
c. flotation test for OVA of internal parasites			a. Date of transaction?		
d. skin scrapings for diagnosing external parasites			b. Drug name and strength?		
e. examination for circulating blood microfilaria			c. Amount of drug dispensed, administered, and wasted?		
f. blood chemistries			d. Client identification?		
g. cultures and sensitivities			e. Animal identification?		
h. biopsies			f. Identification of person administering or dispensing the drug?		
i. complete necropses, including histopathology			40. Schedule II invoices maintained separately from all other records?		
j. serology			41. Schedule II through V invoices maintained in chronological order?		
ANIMAL HOUSING AREAS: (Req. 150-20-200, A (2), (e) and 150-20-200, A (5) (c))			42. Schedule II through V invoices maintained on premises for two years?		
26. Animal identification system?			43. Biennial inventory:		
27. Separate compartments constructed to prevent residual contamination?			a. Date		
28. Accommodations for separation of contagious and noncontagious animals?			b. Opening/closing of business _____		
29. Exercise runs or documentation of walking in lieu of runs?			c. Signed _____		
DRUG STORAGE AND DISPENSING: (Req. 150-20-190 and 150-20-200, A (4) (d))			CHANGE OF VIC INVENTORY: (Req. 150-20-180, B (2), (b), (3))		
30. Drugs stored at room temperature between 59-86°F (temp. _____)?			44. a. Date		
31. Refrigerator with thermometer maintained between 36-46°F (temp. _____)?			b. Opening/closing of business _____		
32. Schedule II drugs maintained under lock and key, with access to the veterinarian only?			c. Signed _____		
33. Working stock of Schedule II drugs stored under separate lock and accessible to the licensed veterinary technician?			CLIENT RECORDS: (Req. 150-20-200, A (5))		
34. All drugs maintained in a secured manner?			45. Maintain a written daily record of animals treated?		
35. When required, drugs dispensed in approved safety closure containers?			46. Maintain individual animal records?		
36. Drugs dispensed labeled as follows:			47. Economic animal record maintained on a per-client basis?		
a. Name and address of facility?			48. Client record includes:		
b. Name of client?			a. Pertinent medical data?		
			b. Drugs administered?		

ANIMAL FACILITY INSPECTION REPORT – CONTINUATION – PAGE 3

Page 3 of 3

AREA / QUESTION	YES	NO	AREA / QUESTION	YES	NO
CLIENT RECORDS continued: (Req: 150-20-200, A (5))			52. Signed disclosure forms maintained on file?		
c. Drugs dispensed?			REQUIREMENTS FOR CONTINUING EDUCATION:		
d. Surgical procedures performed?			53. Original C.E. documents contain:		
49. Client records maintained for three years following the last visit or discharge:			a. Date?		
RESTRICTED FACILITIES: (Req: 150-20-200.B)			b. Subject of program or authority?		
50. Limitations on practice posted conspicuously?			c. CEU's or contact hrs.?		
DISCLOSURE FORMS (Section 54.1-3806.1)			d. Certification from approved sponsor?		
51. Disclosure forms in use indicating hrs. continuous medical care not available?					

GENERAL REMARKS / DOCUMENTATION

ACKNOWLEDGEMENT:

This animal facility has been inspected by an inspector of the Department of Health Professions. I acknowledge that the conditions that have been deemed by the inspector as not being in compliance have been explained to me and that I have received a copy of this inspection report.

Immediate correction is expected for any conditions reported on this inspection report that may constitute a violation of the statutes and regulations governing veterinary medicine.

A copy of this inspection report will be reviewed by the Board of Veterinary Medicine office. If it is discovered that any of the deficiencies warrant further Board action, then I will be notified, and a reinspection may be conducted.

SIGNATURE - INSPECTOR (DEPT. OF HEALTH PROFESSIONS)

SIGNATURE - VETERINARIAN IN CHARGE OF FACILITY

DATE

TIME OF EXIT

TITLE OF AUTHORIZED INDIVIDUAL

FOR OFFICE USE ONLY

DEFICIENCIES THIS INSPECTION

DEFICIENCIES PREVIOUS INSPECTION

REPEATED DEFICIENCIES